



MEMBER'S GUIDE
to your healthcare plan



www.msh-intl.com



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I MSH INTERNATIONAL: BY YOUR SIDE DAY AFTER DAY

MSH International, a world leader in the design and management of international healthcare solutions for globally-mobile employee benefits, provides worldwide quality services, advice and support to help you with your healthcare procedures.

Your healthcare coverage, designed for internationally mobile individuals, is provided by **TRANSOCEAN** and managed for you by MSH International.

This guide describes only some features of the Transocean benefit plans. Full details are included in plan documents. If you have any questions or would like more information, contact your nearest [Claims department](#).

A dedicated team for a customized service

- Available 24/7 thanks to our 4 claims departments: Calgary, Paris, Dubai, and Shanghai for global services using a single, integrated and centralized information system;
- Multicultural: speaking over 40 languages and covering 60 nationalities;
- A thorough understanding of the specific features of local healthcare systems;
- Full-time consulting physicians available to provide you with medical expertise;
- A global network of more than 1 million healthcare providers around the world.

Efficient services

- Direct precertification in the event of hospitalization or expensive treatment worldwide;
- Claims processed within an average of 5 working days and in more than 150 currencies, subject to the submission of all the necessary supporting documents;
- Inpatient direct payment procedure available worldwide;
- Second medical opinion if you are unsure of the diagnosis you have been given;
- Internet and Mobile App secure areas available in 7 languages (English - French - German - Spanish - Portuguese - Italian - Dutch);



I YOUR DEDICATED CONTACTS

MSH International is by your side day after day, anywhere in the world, thanks to our four *Claims department* departments located in Calgary, Paris, Dubai and Shanghai. According to your country of expatriation, you can contact one of the centres below.

To find out which is your nearest *Claims department*, go to your Member's Area on www.msh-intl.com, or on your MSH International Mobile Application.

YOUR CLAIMS DEPARTMENTS

North & South America

MSH International
Suite 300, 999-8th Street S.W.
Calgary, Alberta T2R 1N7
Canada
tel: +1 403 539 6136
USA toll-free: +1 888 842 1530
fax: +1 403 265 9425
adminamerica@msh-intl.com

Europe

MSH International
23 allées de l'Europe
92587 Clichy Cedex
France
tel: +33 1 44 20 48 15
fax: +33 1 44 20 48 03
admineurope@msh-intl.com

Middle East & Africa

MSH International
19th Floor, One by Omnyat
Business Bay
P.O. BOX: 506537 Dubai
United Arab Emirates
tel: +971 4 365 1302
fax: +971 4 363 7327
adminmea@msh-intl.com

Asia-Pacific

MSH International
5/F, North Tower, Building 9
Lujiazui Software Park, Lane 91,
E Shan Road, Shanghai
P.R. China 200127
tel: +86 21 6187 0591
fax: +86 21 6160 0153
adminasia@msh-intl.com



www.msh-intl.com

Important

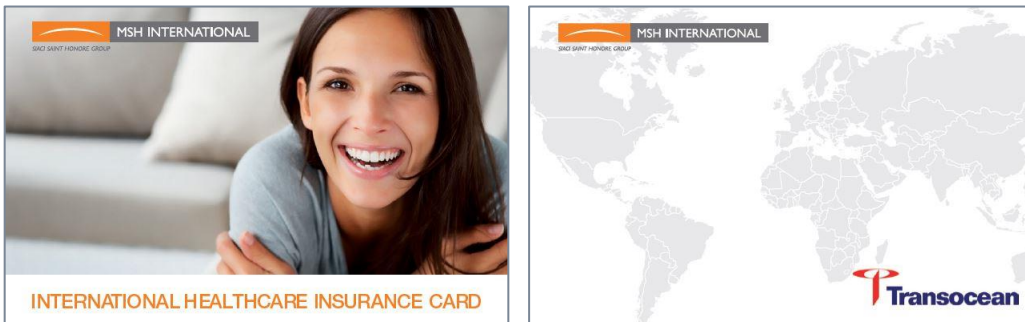
For your precertification requests, email us directly at: precert@msh-intl.com



I YOUR INSURANCE CARD

Your insurance membership card contains all the contact information you require. Make sure you always have it with you and use it as identification when contacting MSH International or upon admission to a hospital.

This card is only a contact card that does not enable direct billing. You may nonetheless present it to providers who are welcome to contact us to set up direct billing on a case by case basis.



An electronic version of your card is available for you and each of your dependents (if any) on your MSH Mobile App. You can also print it from a PDF file via your Member's Area, under "Your Enrollment / Insurance ID Card".



I HOW TO SUBMIT YOUR CLAIMS

Claims submission

After you have consulted a healthcare professional and settled your fees, you have different options to submit your claims for reimbursement.

Useful tip

Whichever country you are in, try to use the public sector or state-approved healthcare providers where possible, or contact us for details of facilities which charge rates in line with our chart of “reasonable and customary costs”. However, you are entirely free to choose your own healthcare providers.

Log in to your Member’s Area on www.msh-intl.com and go to the “Fill out a Claim Form” section.

- For a medical invoice up to USD 1,000, you will be able to directly upload your scanned supporting documents (medical / prescription drugs fees, medical prescriptions and/or reports, doctors’ and other medical providers’ invoices, etc).
- For a medical invoice exceeding USD 1,000, you must fill in your online claim form, print, sign and send it together with all original supporting documents by postal mail to your *Claims department*.

Website



Please note that **you can submit several treatments and/or different members on the same claim form**. It will be easier to monitor the status of your claims.

You will find the contact details of your nearest *Claims department* in your Member’s Area under “Contact us / Our Contact Details”.

Mobile App



Go to the “My Claims” section.

- For a medical invoice up to USD 1,000, you will be able to directly take a picture of your supporting documents or directly upload your scanned documents from your mobile.

Please note that **you can submit only one treatment for one member at a time**.

Post



Log in to your Member’s Area on www.msh-intl.com and go to the “Fill out a Claim Form” section. Print, sign and send the claim form together with all the supporting documents by post to your *Claims department*.

Authorized formats for your supporting documents: jpg, gif, png or pdf and 3Mb max per document.

If your treatment is the result of an accident, please check the corresponding box when submitting your medical expense related to the accident and complete the additional online form “Description of the accident”.



Important

- > If you have started to fill out your claim and want to finish it later, you can use the “Draft” option to save the data already entered. When you next log in, a pop-up will appear indicating that you have a claim form pending.
- > No claims will be paid directly or indirectly, in contravention of any restrictions imposed for example by the United Nations, the Office of Foreign Assets control (OFAC) from the U.S. Department of Treasury or the European Union, in respect of subject countries subject to sanctions.

You will be able to follow each step of the reimbursement process thanks to our online tracking system. In accordance with our Quality Charter, claims for healthcare services are handled within an average of 5 working days from the date of receipt.

Supporting documents


The following are considered as supporting documents for your claims:



- original invoices and receipts for:
 - medical fees,
 - prescription drugs,
 - hospitalizations (if not already paid directly by MSH International),
- medical prescriptions and/or reports,
- all other documents justifying the expenses for which reimbursement is claimed.

These documents must show the last name and first name of the patient, the date, the amount and details of the treatment together with the name, address and telephone number of the practitioner, hospital facility, laboratory or pharmacist.

MSH International recommends that you submit your claims as soon as possible after receiving medical treatment. **Please note that any missing documents will delay your reimbursement.**

If this happens, MSH International will alert you using the  symbol on your reimbursement statement in your Member’s Area. Click on this icon to read the comments for this statement.

Please make copies of all your documents before sending them to MSH International and keep them for at least 18 months. MSH International reserves the right to request that you submit the original copies at any time during this period of 18 months. If you cannot submit the requested original documents, you will be responsible for all payments made on the basis of the scanned supporting documents received.

Important

Claims submitted more than 18 months after the date of treatment will be rejected.

Reimbursements

You will be notified by an **email alert** once your claim is processed and your reimbursement statement available online. Reimbursement statements remain available for 18 months.



You will receive your reimbursement by check or by bank transfer to the account of your choice and in your bank account's currency. If the currency of your bank account is not the same as the one in which you paid for your healthcare expenses, the exchange rate used to calculate your reimbursement is the rate published by the United Nations on the last day of the month preceding the date of your treatment.

You will have no bank transfer charges to pay other than account maintenance fees, if the currency of your reimbursement is the same as that of your account and the country it is held in.

Bank details

In your Member's Area, you can view your bank details under "Your Enrollment" / "Your Details". If they are not recorded or have changed, you can attach them with your next claim or update them via the online procedure below:

Log in to your Member's Area:

- Click on "Contact us" and "Submit an inquiry",
- Select yourself as the primary member in the drop down menu,
- Select the reason of the inquiry: "01. Your enrollment / request for update of your personal data / Your bank information for reimbursement by bank transfer",
- Click on "Next step", upload your bank details document and "Confirm".

| PRIOR APPROVAL

What is prior approval?

The request for prior approval enables you to find out:

- if your treatment is covered,
- the limits that may apply to your treatment,
- how much you will be reimbursed.

When do you need to request prior approval?

You will need to request prior approval from your *Claims department* for:

- scheduled hospitalization,
- dental prostheses, crowns, bridges,
- dental surgery,
- orthodontic treatment,
- laser refractive surgery,
- medical prostheses other than dental,
- day case,
- outpatient surgery,
- pharmacy above \$5,000 per prescription,
- MRI,
- series of medical services involving more than 10 sessions, such as services by paramedical practitioners, acupuncture, osteopathic or chiropractic treatment, etc.



Important

If you do not request prior approval, reimbursements under your plan **may be reduced or even rejected**.

How to obtain prior approval?

You can contact your claims department or fill out an online request in your Member's Area, under the "Contact Us / Submit an inquiry / 4. Your prior approval" section". Do not forget to attach the supporting documents (treatment plan, prescription, detailed estimate of costs, etc.). We will review your request and answer within 72 hours.

I PRECERTIFICATION AGREEMENTS

The request for precertification agreement enables to settle your bills directly with the healthcare professional or the medical facility without you having to make a cash advance.

Hospitalization

MSH International will settle your medical bills directly with the hospital, in line with the terms and conditions of your healthcare coverage.



- **Planned hospitalization and day case surgery**
 - Fill out your request in your Member's Area, under the "Your reimbursements / Precertification and Direct Payment Request" section, **at least 10 days before your admission**. Do not forget to attach your supporting documents (treatment plan, medical report, estimate of costs, etc.) You can also send your request by email to precert@msh-intl.com. We will make the necessary arrangements with the hospital and confirm your precertification agreement within 72 hours.
- **Medical emergencies**
 - Go directly to the hospital. Show your insurance card at the admissions desk and ask them to call us as soon as possible, but no later than 72 hours after your admission. We will immediately issue our precertification agreement and follow up the case.

You will only have to pay any costs which are not covered by your insurance (for example your coinsurance, deductible, non-eligible services, etc.):

- day cases
- outpatient surgery
- MRI
- pharmacy above \$5,000 per prescription



Important

- > For planned hospitalization in the U.S. (day or night) including skilled nursing or mental health/substance abuse facilities, it is essential to request prior approval. Failure to receive prior approval will result in a penalty of 50% being applied to your reimbursement.
- > Non-emergency care is not covered in the U.S. for non-U.S. citizens.

Maternity



Before the end of the 3rd month, contact your *Claims department* to declare your pregnancy and inform us of your expected due date. Two months before the expected date of delivery, fill out your precertification request on your Member Area. You can also send your request by email to: precert@msh-intl.com.

Once you notified your pregnancy, you will be contacted by our medical team. They will assist you to find the best facilities and support you throughout this important time. You will also be provided with a "Baby Welcome Pack", containing a pregnancy guide which includes a range of practical advice to help you to understand more fully your pregnancy, the birth and the first weeks with your child.

Other types of treatment (other than dental and vision care)

Please contact us to find out if the treatment you are going to receive qualifies for direct payment.

I SEEKING CARE IN THE UNITED STATES

UnitedHealthcare Global (UHCG)

MSH International partners with UnitedHealthcare Global to offer our members an exceptional provider network within the United States (U.S.).

If you are a U.S. expatriate or a U.S. citizen, you will have access to the following services offered by UnitedHealthcare Global (UHCG). If you are a non-U.S. citizen and are seeking care in the United States, please contact MSH International directly for assistance.

Useful tip

U.S. expatriate or U.S. citizens will receive an UHCG card. Non-emergency care is not covered in the USA for non-US citizens.



Who is UnitedHealthcare Global?

UnitedHealthcare Global is the largest proprietary network in the USA, providing access to quality medical care through a contracted network of over 1 million healthcare professionals and facilities.

What can UHCG do for you?

By accessing the UHCG network, you will benefit from the convenience of a direct billing card at all participating providers in the USA. You will also enjoy an easy and intuitive provider search tool, preferred prices when visiting network providers, and peace of mind with access to the Premium Designation network of providers who have been carefully reviewed for cost and quality measures. Each eligible member enrolled in the UHCG program will receive a personalized direct billing card to be shown to participating providers at the time of visit. The card will be issued in the name of the main insured, but valid for dependents under the plan as well.

How to access the UHCG network?

To access the UHCG network, please follow the procedure below:

- Log into your Member's Area on www.msh-intl.com
- Click on "Find a Health Facility" on the home page
- Select "North America" then "USA" and the UnitedHealthcare Global network

You will be then redirected to the UHCG locator tool website

- Click on "Find a doctor" or "Learn more" about your pharmacy benefits
- Narrow down your preferences using the criteria provided

You can also find a provider directly from the UHCG website: <http://us1.welcometouhc.com/>

Important

Please be aware that any care performed outside the UHCG Network will have a **20% penalty**.

OptumRX

If you are a U.S. expatriate or a U.S. citizen, you will have access to the following services offered by OptumRX, regarding U.S. prescriptions. If you are a non-U.S. expatriate and are seeking care in the United States, please contact MSH International directly for assistance.



Who is OptumRX?

OptumRx is a wholly-owned subsidiary of UnitedHealth Group and provides access to a network of over 67,000 retail pharmacies throughout the USA. This partnership between MSH International and UHCG allows you to use one unique direct billing card for your medical and pharmacy services (OptumRx) and to give you access to a comprehensive pharmacy network in the USA.

What can OptumRX do for you?

Getting access to affordable prescription drugs has never been so easy. OptumRx will pay the pharmacy directly when you fill your prescriptions, leaving you only your portion (if any) to settle at point of sale.

What do you need to do?

By showing the OptumRX card to providers and pharmacies, you could save money and out-of-pocket costs on your medical care. In order to find a participating pharmacy, you may log into www.msh-intl.com. You can also use the OptumRX drug pricing tool to look up the estimated price of medication based on pharmacies near to you.

I EMPLOYEE ASSISTANCE PROGRAM (EAP)

Provided by Shepell

Your Expatriate Employee Assistance Program (Expatriate EAP) is a confidential and voluntary support service that can help you solve problems and challenges in your life while you are on assignment in a different country.

You and your covered dependents (as defined in your employee benefit plan) can receive support over the telephone, in person and online. You can also take advantage of online resources to help manage your work-life and personal well-being while on international assignment.

How much will it cost?

There is no cost to use the service. If you need more specialized or longer-term support, your Expatriate EAP will help you select an appropriate specialist or service that can provide further assistance. While fees for these additional services are your responsibility, some may be covered by your benefit plan.

How do I access the Expatriate EAP?

For information, general assistance or to arrange for an appointment, simply call: **1-888-509-5560**.

For further information you can access to the Shepell flyer with all contacts on your Member Area in the *Employee Assistance Programm* section.



I YOUR SERVICES

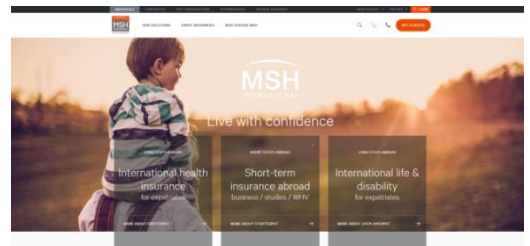
Your login details

Your Member's Area, available in 7 languages on our website as well as on our Mobile App, contains all the information you need about your plan and provides you with many helpful online services.

Your login details are the same for the Member's Area and the Mobile App, you can get them in two different ways:

- **Via the Member's Area:**

- Go to the Member's Area on www.msh-intl.com by clicking on "Login / Member" and "Insured by your employer under a MSH plan",
- On the authentication screen, click on "Get your login details",
- Fill out the requested information and click on "Send".



- **Or via the Mobile App:**

- Download the MSH International App from the App Store on iOS and from the Play Store on Android,
- On the authentication page, click on "To get your login details, click here" and fill out the dedicated form.

You will directly receive your login and password via 2 different emails on you preferred email address on file provided by **TRANSOCEAN**.

Useful tip

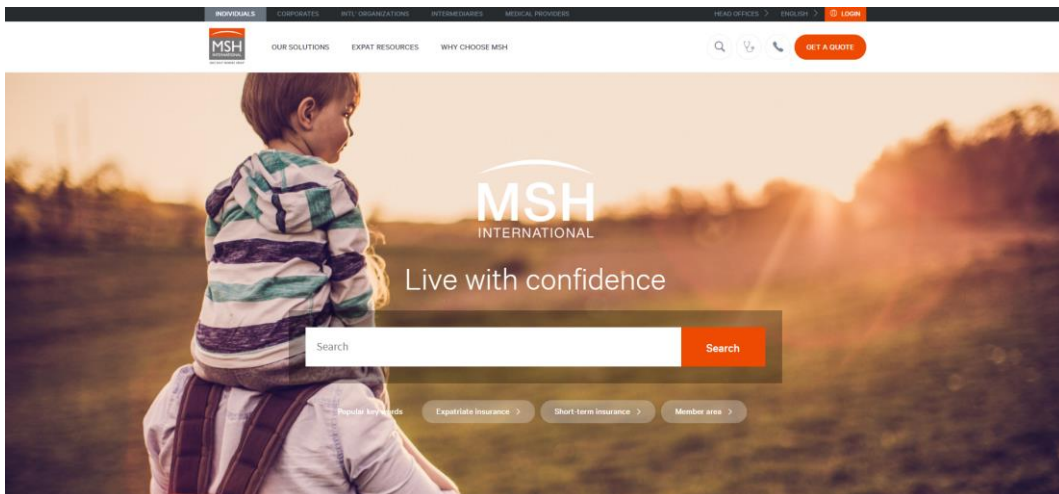
After receiving your login details, go to the "Your Enrollment / Your Details" section to personalize your password (up to 10 characters).



Your Member's Area

In this Area, you can:

- View and download your summary of benefits, your Member's Guide, your personalized insurance card and certificate of insurance and update your personal and bank details,
- Submit a claim and request a hospital precertification agreement,
- Check the progress of your claims in real time:
 - get an email alert when we receive your claim form and when your reimbursement statement is available online,
 - view and download in PDF your reimbursement statements from the last 18 months,
- Find, wherever you are in the world, a physician and/or a healthcare facility, via our integrated geolocation tool,
- Submit an inquiry.





Your Mobile Application

Get quick and easy access to all the services provided under your plan, anytime and anywhere with the MSH International Mobile App.



Your reimbursements at your fingertips



Take a picture of your supporting documents for your claim* directly via the App



View your reimbursement statements in real time



Receive automatic notifications to keep you updated on your latest reimbursements

Your healthcare day after day



Geolocate nearby healthcare professionals listed by MSH anywhere in the world



Save important information for each family member in the health records



Access your personalized insurance card at any time

A high-quality international medical network



MSH International has a global network of more than 1 million healthcare providers worldwide. You benefit from quality services all around the world at reasonable and customary or preferential rates.

You are entirely free to choose your healthcare provider. However, we recommend that you use healthcare practitioners and hospitals which belong to the MSH International network, or the public sector or state-approved healthcare providers where possible. Our medical network can help you choose practitioners or medical facilities which charge fees under or near our upper reimbursement limits.



You can obtain a referral to a healthcare facility or medical practitioner:

- online in your secure Member's Area under "Your Healthcare / Find a facility" using an interface dedicated to the search of healthcare practitioners around the world and an integrated geolocation tool,
- via your Mobile App,
- by contacting your *Claims department*.

 **Important**

Please be aware that any care performed outside the UHCG Network will have a **20% penalty**.

A multicultural medical team

Our full-time medical team includes several medical advisors who speak fluent English and at least one other language, making your contacts with hospitals easier.



Our advisors are on hand to:

- provide you with a second medical opinion if you are unsure of the diagnosis you have been given,
- give you an explanation of the treatment recommended by your practitioner,
- help you choosing practitioners or medical facilities which charge fees under or near our upper reimbursement limits.

You can get in touch with them by email at: medical@msh-intl.com.

 **Important**

All information received will be processed in the strictest confidentiality. Only our medical officers have access to this dedicated inbox.

Reasonable and customary charges

Under your plan, medical expenses incurred are reimbursed in line with "reasonable and customary costs". Healthcare costs **vary greatly from country to country**, and even between practitioners or medical facilities in the same town: some physicians or medical facilities can charge up to ten times more than others, while offering the same quality of service.

Whichever country you are in, try to use the public sector or state-approved healthcare.

Try to avoid giving any information in advance about the plan's level of coverage, especially to dentists and opticians, in order to avoid rates being automatically adjusted to the upper limit.



To help combat this type of practice, and based on our in-depth knowledge of local healthcare systems, we have produced a comparative chart of “reasonable and customary charges”. This is a scale of charges which we consider to be reasonable according to the type of medical care and the country and indicates the level at which you should expect to be reimbursed. Do not hesitate to [contact your Claims department](#) to learn more about the reasonable and customary charges depending on your medical expense or on your location.

I FAQ

My family status changes (new child, marriage, divorce). How do I add or remove a dependent to my healthcare coverage?

You must notify the TRANSOCEAN Benefits Center within 60 days of the event:

- Online: www.YourTransoceanBenefits.com
- Phone (7 a.m. to 7 p.m. Central Standard Time)
 - Within the U.S.: 1 855 RIG 5005
 - Outside U.S.: +1 646 259 0401

Where to get information on my benefits?

Your benefits guide is available at www.YourTransoceanBenefits.com.

What is the deadline for sending a claim form?

All claim forms must be sent to MSH International within 18 months of the date of service. Any claims received after this 18-month period will not be eligible for reimbursement.

If I need to purchase drugs, how can I claim the expenses?

Your medical plan includes prescription drug coverage for most medicines that require a physician’s prescription. In most cases you must pay the total charges for your drugs at the time of your purchase and file a claim for reimbursement.

Are precertification agreements ever mandatory?

For planned hospitalization in the US, pharmacy over \$5,000, MRI, day cases and outpatient surgery, you must request a precertification agreement. Failure to do so will result in a penalty of 50% being applied to your reimbursement.



I do not understand the reimbursement that I received/I disagree with the reimbursement. Who should I contact?

Go to the “*Contact us / Submit an inquiry*” section on your online Member’s Area or contact your [Claims department](#). We will give you the clarification you need to solve any potential misunderstandings.

| GLOSSARY

Emergency treatment in the U.S.: A sudden and unexpected turn of events or change of condition which requires immediate medical treatment. Any delay in the treatment of less than few days may lead to life-threatening condition. As soon as the medical condition is stabilized, the member should return to, and be treated in, his/her host or home country. If the host or home country is not reliable regarding the specific treatment, MSH International will organize treatment in another country.

Healthcare reimbursement: You receive the reimbursement of the amount you paid to the practitioner at the time of your consultation according to your benefits.

Hospital precertification agreement: We settle the bill directly with the hospital without having to make a cash advance.

Precertification agreement: You ask MSH International to settle your bills directly with the healthcare professional or the medical facility without you having to make a cash advance.

Prior approval: You contact MSH International before commencing any medical treatment or long-term care to find out if you will be reimbursed and under what conditions. You may have to make a cash advance to pay for your treatment.

Skilled nursing: A licensed facility that provides nursing care and related services for patients who do not require hospitalization in an acute care setting



I LEGAL INFORMATION

Privacy and personal data protection

The recipients of your personal data are: the risk carrier (insurer), the different entities making up MSH International and the service providers involved in the administration of the insurance policy across the world. In accordance with the GDPR, you benefit from a right of access, rectification, or erasure, or restriction or opposition and portability of your personal data as well as the right to organize instructions upon your death. To exercise your rights, please send an email to the Data Protection Officer at dpo@s2hgroup.com. We would like to remind you that the legal notices on the protection of your personal data are available online on your Member's Area on www.msh-intl.com.

Complaint processing

Any complaints from the member company, the insured member or a dependent can be sent to the usual point of contact at MSH International. If the response provided is not considered to be satisfactory, the member can send their complaint in writing to our Complaints Department at: Service réclamation, MSH International, 23 allées de l'Europe 92587 Clichy Cedex, France.

MSH International undertakes to provide a response no later than two months after receiving the necessary information related to the complaint or, failing that, to keep the member up to date on how the complaint is being handled. If the member still disagrees with the response or solution provided, they can write to the Ombudsman as a last resort: La Médiation de l'Assurance, TSA 50110 – 75441 Paris Cedex 09, France.